

# Nutrition & WIC Update

KANSAS NUTRITION AND WIC SERVICES



## Attention CPAs: Do You Use Benefit Redemption Data in Your Counseling?

Lisa Medrow, RDN, LD, Training Coordinator



One of the great advantages of eWIC is that you can see exactly what your clients are purchasing! Have you started using this information in your nutrition counseling? Review this [eWIC Hint](#) as a refresher. It's super easy! Just go to eWIC Issuance > Account > Activity and you can see everything your client has purchased (or more specifically, what your client has NOT purchased). You can help your client utilize WIC foods by giving tips about how to use foods not

frequently purchased. Not purchasing yogurt? Ask if you can give some tips for using yogurt. Not purchasing all the whole grains issued? Ask if your client would like some recipe ideas. Or, maybe you can use the information to tailor the food package so your client can purchase more of what will actually be consumed. You can also use the information in your follow-up appointments to see if the redemptions improve. It could be a screen you routinely open in all of your visits so that you can better help your clients get more of the great nutrition offered to them. What a great way to personalize your nutrition education!

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## Better Approach to Conversations About Breastfeeding



Kara Watts, RDN, LD, BF Peer Counselor Coordinator

Looking for ways to improve your counseling skills, especially regarding breastfeeding? Check out this awesome article from the National Institute for Children's Health Quality (NICHQ): <https://www.nichq.org/insight/better-approach-conversations-about-breastfeeding>

## Preventing Peanut Allergies: Application and Implications for the NIAID Guidelines session summary

Renee Taylor, RD, LD, Butler County, after attending the NWA Nutrition & Breastfeeding Conference in Sept 2019

I attended this session which was presented by Sherry Coleman Collins, MS,RDN, LD, with the National Peanut Board. This is my summary of her session.

In 2017 the National Institutes of Allergy and Infectious Disease released the **Guidelines for the Prevention of Peanut Allergy in the United States**. About 40% of the millennial parents have not heard about these guidelines and are afraid to introduce peanuts to their infant/child. Also the majority of the doctors are not following the guidelines. Early introduction to peanuts can create a tolerance. Israeli infants are fed Bamba which contains peanuts and there are less peanut allergies possibly due to this.

In 2000, the AAP recommended avoidance of peanuts up to three years of age, but in 2017 there was an addendum to the NIAID guidelines. If an infant has severe eczema, egg allergy or both, the parents should talk with their doctor concerning introducing peanuts to their diet. The doctor may want to perform an allergy test before introducing peanuts. If the infant has mild to moderate eczema, the parents can feed the infant small amounts of baby-friendly peanut foods three times a week when they are around six months old. If the infant does not have any eczema, the infant can be given baby-friendly peanut foods as often as they would like.

Ways to introduce peanuts safely into the infant's diet include mixing peanut butter with formula or breast milk, or mixing it with infant cereal, yogurt or pureed fruits/vegetables. Also peanut puffs can be given to the infant. A recipe for homemade peanut butter teething biscuits can be found at [nationalpeanutboard.org](http://nationalpeanutboard.org). Remember, do not give an infant or child a spoon full of peanut butter since this can be a choking hazard.



## WIC State Agency Live Webinar on Preventing Peanut Allergies

Lisa Medrow, RDN, LD, Training Coordinator and Julie Ornelas, RDN, LD, Nutrition Education Specialist

On April 11, 2019, the state agency (SA) offered a free, live webinar to Kansas WIC staff titled, "Preventing Peanut Allergies." If you missed the webinar, please send a request to view the recording to [lisa.medrow@ks.gov](mailto:lisa.medrow@ks.gov). You can also visit: [http://www.kansaswic.org/local\\_agencies/webinars\\_for\\_staff.htm](http://www.kansaswic.org/local_agencies/webinars_for_staff.htm) to view the "Preventing Peanut Allergies" webinar slides and professional resources.

The webinar was presented by Sherry Coleman Collins, MS,RDN, LD, with the National Peanut Board. The information she provided was similar to her presentation at the NWA Nutrition and Breastfeeding Conference (reviewed above by Renee Taylor).

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## WIC State Agency Live Webinar on Preventing Peanut Allergies (continued)

Generally accepted practice for prevention of food allergies, especially peanut allergy, has changed over time. Peanut Allergy Recommendations over time:

**2000** - American Academy of Pediatrics recommends avoiding the top allergens for one, two or three years

**2008** - Rescinded guidance on avoidance, stating that the research doesn't support avoidance as a way to prevent allergies, "more research is needed"

**2010** - National Institute of Allergy and Infectious Disease (NIAID) Guidelines for the Diagnosis and Management of Food Allergies

**2015** - Consensus Report

**2017** - [NIAID Addendum to the Guidelines](#)

**2017** - National Academies of Sciences, Engineering and Medicine (NASEM) Report on Global Burden of Food Allergies

In conjunction with the webinar, a new client handout has been posted on the WIC website, [Introducing Peanut Products to Your Infant Early](#). Check out this two-minute video on mixing peanut butter to a safe consistency for infants: <https://www.youtube.com/watch?v=q8fLUN1ZfXs>

## Sedgwick County Mobile Farmer's Market Collaboration



*The Health Department worked with the Health and Wellness Coalition's food committee to have a mobile Farmer's Market truck stop at the Health Department's parking lot once every two weeks during the summer. WIC advertised the Double your Food Bucks at the Farmer's Market to WIC clients and encouraged WIC clients to come purchase foods at the mobile Farmer's Market truck.*

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# One Fish, Two Fish, Eat Fish While Pregnant!

Submitted by Trista Nordyke, RN, MPH, Stevens County Health Department, after attending NWA in New Orleans through SA Support of Training funds

The U.S. Food and Drug Administration (USDA) is now recommending that women of childbearing age, as well as pregnant and breastfeeding women eat two, 4-ounce servings of fish per week. Omega 3 fats and proteins obtained from fish have been linked healthy growth and development for infants and children. The USDA has conducted extensive research to ease worried minds in regards to mercury content of fish. The USDA has listed certain fish pregnant and breastfeeding women should avoid such as shark and king mackerel. USDA representatives did not have any insight as to when and if WIC programs would incorporate adding fish to pregnant women's food packages at the time of the breakout session, but that it will probably be an item to be added in the future. A talking chart and reference chart can be found at <https://www.fda.gov/Food/ResourcesForYou/Consumers/ucm393070.htm#print>.

## Advice About Eating Fish

### What Pregnant Women & Parents Should Know

Fish and other protein-rich foods have nutrients that can help your child's growth and development.

For women of childbearing age (about 16-49 years old), especially pregnant and breastfeeding women, and for parents and caregivers of young children.

- Eat 2 to 3 servings of fish a week from the "Best Choices" list OR 1 serving from the "Good Choices" list.
- Eat a variety of fish.
- Serve 1 to 2 servings of fish a week to children, starting at age 2.
- If you eat fish caught by family or friends, check for fish advisories. If there is no advisory, eat only one serving and no other fish that week.\*

### Use this chart!

You can use this chart to help you choose which fish to eat, and how often to eat them, based on their mercury levels. The "Best Choices" have the lowest levels of mercury.

### What is a serving?

To find out, use the palm of your hand!



For an adult  
4 ounces



For children,  
ages 4 to 7  
2 ounces

## Best Choices EAT 2 TO 3 SERVINGS A WEEK

Anchovy	Herring	Scallop
Atlantic croaker	Lobster,	Shad
Atlantic mackerel	American and spiny	Shrimp
Black sea bass	Mullet	Skate
Butterfish	Oyster	Smelt
Catfish	Pacific chub	Sole
Clam	mackerel	Squid
Cod	Perch, freshwater	Tilapia
Crab	and ocean	Trout, freshwater
Crawfish	Pickering	Tuna, canned light
Flounder	Plaice	(includes skipjack)
Haddock	Pollock	Whitefish
Hake	Salmon	Whiting
	Sardine	

## OR Good Choices EAT 1 SERVING A WEEK

Bluefish	Monkfish	Tilefish (Atlantic Ocean)
Buffalofish	Rockfish	Tuna, albacore/white tuna, canned and fresh/frozen
Carp	Sablefish	Tuna, yellowfin
Chilean sea bass/Patagonian toothfish	Sheepshead	Weakfish/seatrout
Grouper	Snapper	White croaker/Pacific croaker
Halibut	Spanish mackerel	
Mahi mahi/dolphinfish	Striped bass (ocean)	

## Choices to Avoid HIGHEST MERCURY LEVELS

King mackerel	Shark	Tilefish (Gulf of Mexico)
Marlin	Swordfish	Tuna, bigeye
Orange roughy		

\*Some fish caught by family and friends, such as larger carp, catfish, trout and perch, are more likely to have fish advisories due to mercury or other contaminants. State advisories will tell you how often you can safely eat those fish.

[www.FDA.gov/fishadvice](http://www.FDA.gov/fishadvice)  
[www.EPA.gov/fishadvice](http://www.EPA.gov/fishadvice)



THIS ADVICE REFERS TO FISH AND SHELLFISH COLLECTIVELY AS "FISH" / ADVICE UPDATED JANUARY 2017

## Supporting Moms—sessions from the KBC Conference

By Earlisha Killen, Riley County, after attending the Kansas Breastfeeding Coalition conference through SA support of ongoing training funds



Shannon McKenney Shubert from the Michigan Breastfeeding Network talked about Dismantling Roadblocks and Changing Systems when it comes to supporting moms who are breastfeeding, specifically those who are returning to work. She talked about moms having their “WHY” breastfeeding and who actually controls moms’ durations. She stated that usually it is not the mom that puts up the roadblocks, it is partners, employers, family members or childcare providers. She continued to speak about who benefits from the outcomes of mom breastfeeding and essentially everyone who comes in contact with mom and baby. She is an activist for policy change in order to help moms succeed in breastfeeding anywhere and everywhere.

Laurel Wilson spoke about how social media affects new mothers. She spoke about how millennial parents are looking to the internet to communicate and get healthcare information, it’s free and convenient. She also stated that healthcare and social media is lagging because of the distinct guidelines and misunderstandings about privacy practices. She also went into how artificial milk companies are using social media to their advantage to increase their sales of formula.

By Cary Allen, Douglas County, after attending KBC with funds from SA support of ongoing training

Shannon McKenny Shubert’s presentation was very timely as this is exactly the discussion my local breastfeeding coalition has been having for the last year or so. Shannon pointed out that most Kansas moms want to, and start breastfeeding, so what is keeping them from meeting their breastfeeding goals? Why do most moms quit before they’re ready?

Shannon believes it’s because of roadblocks put up by systems. She and I agree that we need to stop setting these moms up for failure and start changing systems to better support breastfeeding. The Michigan Breastfeeding Network (MBN) has created toolkits to help communities address eight different systems that impact breastfeeding outcomes. The toolkits can be used to address a range of systems including workplace, childcare, maternity care and incarceration. Addressing systems change takes the burden of duration off the individual mother and puts it back on “the key stakeholders and decision makers who have the power to cultivate woman-centered systems that are conducive to positive breastfeeding outcomes.”

I’m excited for my coalition to work at the systems level to create change. One goal we have is to help childcare sites improve their support for breastfeeding families and MBN’s toolkit will surely make the job easier. I was lucky enough to attend the conference with another coalition member and we made good use of the Action Planning session by coming up with goals and strategies.



## Would Consuming Sushi or Sashimi Be a Risk Factor? —Do They Use Raw Fish?

Julie Ornelas, RDN, LD, Nutrition Education Specialist



I didn't know this until I started eating it, but some sushi actually has cooked fish or no fish at all. Each sushi roll on a plate may be different—some with no fish, other with cooked or raw fish. I had heard of sashimi but wasn't sure what it was, so I did a quick search and came up with this info:

<https://pogogi.com/what-difference-between-sushi-vs-sashimi>

Now I know that sashimi basically means raw fish or meat. I had not heard of it, but there is also nigiri, which is also raw fish. The difference between sashimi and nigiri is that one is served with rice.

The risk factor, Consuming Foods That Could Be Contaminated, does list raw fish. So, for pregnant women and children who eat sashimi or nigiri, the risk factor Consuming Foods That Could Be Contaminated, should be assigned. For pregnant women and children who eat sushi, the CPA will need to ask whether the type of sushi eaten uses raw fish or not, before assigning this risk factor.

**Way to go Dickinson County for having 54 women and their families attend a recent baby shower! Dee Ramsey, the BFPC & clerk, and other WIC staff worked hard to pull together such an exciting event. Well done!**

